



## GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive, Macon, Georgia 31217

Phone (404) 424-9966 \* <https://sos.ga.gov/index.php/licensing/plb/33>

# RENEWAL APPLICATION FOR BOARD RECOGNIZED MASSAGE THERAPY EDUCATIONAL PROGRAMS

### GENERAL INSTRUCTIONS

Please read these instructions, the Georgia Law (O.C.G.A. § 43-24A) and Board Rules Chapter 345-8 pertaining to board recognized massage therapy educational programs in Georgia carefully prior to completing application. Type or print your responses in ink. You must respond to all the questions, provide all requested documentation, and have your signature and the application notarized in order for the application to be considered complete. **Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.**

The application fee is non-refundable and cannot be combined with any other fee. As a result, if you fail to complete the application or the application process, to include the submission of the appropriate fee, request that the application be withdrawn or the application is denied, the application fee will not be refunded. The Board may deny recognition status to a massage therapy educational program for any reason set forth in O.C.G.A. § 43-24A-7.

Money Orders and personal checks are accepted and are to be made payable to the Georgia Board of Massage Therapy. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. Please refer to the posted fee schedule on the website to ensure that you are submitted the appropriate fee for this application.

If you need to change your contact information, e-mail, mailing and/or physical address WHILE this application is pending, please notify this office in writing, by mail to the above address, fax to (866) 888-1308, or submitting the information via email to [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov). NOTE: All program faculty or curriculum changes must be submitted to the Board office, using the appropriate forms located on the Board website. Such documentation may also be submitted by mail, fax or email. If submitting any forms by email, they must be in a PDF format.

**Massage therapy educational programs may continue teaching and enrolling students while the renewal and audit application is under review by the Board.** Since renewal of a massage therapy educational program recognition status must be voted upon by the Board, it is recommended that you complete and submit the application **at least sixty (60 days)** before the date the program's recognition status is scheduled to expire. The Board meeting schedule can be located within the *Board Information* section on the home page of the Board website. In most instances once the Board has rendered a decision, the Program Director/Coordinator will receive written correspondence concerning that decision within fifteen (15) business days after the board meeting date. Please note that whereas all applications are confidential, staff may only communicate with the School Owner or Program Director/Coordinator identified on the application. If recognition status is renewed, the program will remain on the list of Board recognized schools located on the Board website.

If you have questions concerning the application, you may submit them via email or contact the Board offices at (404) 424-9966 and an agency representative or Licensing Analyst will assist you.

FOR BOARD USE ONLY

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_



FOR BOARD USE ONLY

Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

# GEORGIA BOARD OF MASSAGE THERAPY

237 Coliseum Drive \* Macon, Georgia 31217-3858

 (404) 424-9966 \* <http://sos.ga.gov/index.php/licensing/plb/33>

## RENEWAL APPLICATION FOR BOARD RECOGNIZED MASSAGE THERAPY EDUCATIONAL PROGRAM

**NON-REFUNDABLE & NON-TRANSFERABLE APPLICATION FEE: \$75.00**
**(Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20).**

### **PART I: PROGRAM ADMINISTRATION**

Name of School			
Program License #	RMP -		
School Address	Street:		
	City:	State:	Zip:
Name of School Owner	Phone Number: ( )		
	Email Address:	Primary Contact? ( ) Yes ( ) No	
Name of Program Director/Coordinator	Phone Number: ( )		
	Email Address:	Primary Contact? ( ) Yes ( ) No	
<b>** PLEASE NOTE:</b> The email addresses provided here will be used to disseminate important and necessary correspondence from the Board which may affect the recognition status of the program; therefore, it must be an email address that is checked frequently.			

The following questions are related to administrative personnel and staff for the school and massage therapy educational program. If you answer "Yes" to the questions below attach a certified copy of final dispositions or final orders as well as any other details which you wish to provide the Board.

( ) Yes ( ) No	To the best of your knowledge, has the school, any owner, any instructor, or its director/coordinator ever been convicted of a felony?
( ) Yes ( ) No	To the best of your knowledge, has the school, any owner, any instructor, or its director/coordinator ever been disapproved or disciplined by the Georgia Board of Massage Therapy, or any state or federal licensing agency or authority which regulates any profession? (Disciplinary actions include, but are not limited to, such actions as a reprimand, a suspension, a revocation, a fine, or any restriction placed on your rights to operate as a school and/or licensee.)
( ) Yes ( ) No	Has the school received approval in another state(s)? If yes, list the state (s):
( ) Yes ( ) No	Does your school have any additional accreditations, credentials or approvals issued by other entities? <i>If yes, you must provide copies of the program's current documents.</i>

( ) Yes ( ) No	Is the program's School Provider Code from National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) active? <b><i>If so, you must submit a copy of the certificate or letter received from NCBTMB providing the school provider code number.</i></b>
( ) Yes ( ) No ( ) N/A ( ) Yes ( ) No ( ) N/A ( ) Yes ( ) No ( ) N/A	Does the program still have: An Authorization Number from the Georgia Nonpublic Postsecondary Education Commission (NPEC); or, Accreditation from the Commission on Colleges of the Southern Association of Colleges; or, An accrediting agency recognized by the United States Department of Education that is approved by professional licensing board, department, or agency in another state, jurisdiction, or territory whose standards have been determined by the board to be equivalent to the Nonpublic Postsecondary Education Commission?  <b><i>You must submit a copy of the certificate or letter received from one or more of the entities identified in this section providing the school provider code number or accreditation.</i></b>
( ) Yes ( ) No	Is the program under investigation or review by any entity other than the Georgia Board of Massage Therapy? <b><i>If yes, you must submit a copy of the notice the program received regarding the pending investigation.</i></b>
( ) Yes ( ) No	Has the program catalog changed in any way since your last application to the Board? <b><i>If yes, DO NOT CONTINUE. You must submit a new application for board recognition status.</i></b>
( ) Yes ( ) No	Has the student handbook changed in any way since your last application to the Board? <b><i>If yes, DO NOT CONTINUE. You must submit a new application for board recognition status.</i></b>
( ) Yes ( ) No	Has your program transcript changed in any way since your last application to the Board? <b><i>If yes, you must provide a copy with this application.</i></b>
( ) Yes ( ) No	Have you reviewed all of the current laws, rules and policies on the Board website?
( ) Yes ( ) No	Have you submitted a list of the massage therapy educational program graduates for the previous calendar year as required by the Board. <b><i>If not, you must do so to complete your renewal application.</i></b>

## **PART II: CURRICULUM REQUIREMENTS**

In order for applicants to be eligible for licensure he or she must have completed (graduated) from a board recognized massage therapy educational program. In order for the massage therapy educational program of a school to be maintain recognition status with the Board, the program must have a minimum curriculum of five-hundred (500) total supervised clock hours of classroom and hands-on instruction at the board recognized massage therapy educational program location approved by the Board. Community events must also be supervised by the faculty or staff identified in the program's initial application as approved by the Board. Please answer the following questions as it relates to the curriculum requirements of your program.

( ) Yes ( ) No	Does the massage therapy education program satisfy the minimum hours of in-class, supervised curriculum and clinical instruction on the subject matter required within Board Rules?
_____ hours	How many supervised student clinical practice hours is required for a student to complete or graduate from the program?
( ) Yes ( ) No	Does the program authorize the transfer of clock hours achieved from another massage therapy education program to satisfy your program requirements? <b><i>If you answer "Yes" to this question, you must provide the Board with a copy of your policies regarding transference of clock hours and a sample copy of a transcript that includes transferred clock hours.</i></b>
( ) Yes ( ) No ( ) N/A	If your program accepts clock hours from another massage therapy program, does your program transcript denote the number of clock hours transferred and the name of the program where those hours were achieved?
( ) Yes ( ) No	Have there been any changes in the curriculum requirements for your massage therapy education program since the last date that the Board granted the program board recognition status? <b><i>If you answer "Yes" to this question, you must provide the Board with a copy of your student handbook, catalog, template of a student transcript, to include transferred clock hours if applicable, and a resume or curriculum vitae (CV) for each of your instructors for review.</i></b>

### **PART III: FACULTY REQUIREMENTS**

In order to be a board recognized massage therapy educational program, the program must have a student to faculty ratio in the lab/clinical/community area that shall not exceed twenty (20) students to one (1) instructor, with no more than ten (10) student therapists and ten (10) students serving as clients. Lecture classes are not subject to this ratio. All licensed faculty must maintain compliance with all statutes and rules governing their practice to include but not limited to all renewal requirements.

As of July 1, 2020, lead faculty for lab, clinical and community courses shall hold a current Georgia massage therapy license and must demonstrate competence in their respective areas of teaching as evidenced by a minimum of a Bachelor's degree or 4 years of experience in the course(s) they will be teaching. All lead faculty that were in place prior to July 1, 2020 are exempt from this requirement.

Lead faculty for human sciences courses (anatomy, pathology, physiology) are not required to hold a massage therapy license; however, the faculty member must demonstrate competence in their respective areas of teaching as evidenced by a minimum of a Bachelor's degree or 4 years of experience in the course(s) they are teaching.

<b>NAME OF THE INSTRUCTOR</b>	<b>NUMBER OF YEARS TEACHING</b>	<b>SUBJECT(S) THE INSTRUCTOR WILL TEACH</b>	<b>NUMBER OF YEARS TEACHING THE SUBJECT(S)</b>

**\* If there are faculty members that need to be listed, please attach list to application in the same format.**

☐ Yes    ☐ No

Have you ensured that all licensed faculty are in compliance with all statutes and rules governing their practice to include but not limited to all license renewal requirements?

## **FACULTY ASSISTANTS**

If a school utilizes faculty assistants, in order to be a Board recognized massage therapy educational program, it shall establish and maintain policies that set forth qualifications, duties and procedures for use of these personnel. Faculty assistants shall not be used as substitutes or replacements for regular faculty; shall not be responsible for the overall evaluation of any student; and shall work under the direct supervision of approved faculty. Faculty assistants for lab, clinical and community courses must have an active Georgia massage therapy license. Faculty assistants shall not be responsible for the overall evaluation of any student.

Does your school utilize faculty assistants? ( ) Yes ( ) No. If yes, how many do you employ? \_\_\_\_\_

Provide information on each faculty assistant below.

<b>NAME OF THE FACULTY ASSISTANT</b>	<b>LICENSE NUMBER (if applicable)</b>	<b>HOW IS THE FACULTY ASSISTANT UTILIZED? (Lab, Clinical, Community, etc.)</b>

\* If there are faculty assistants that need to be listed, please attach list to application in the same format.

## **CLINICAL PRACTICE REQUIREMENTS**

When student clinical practice is being performed on the general public, the supervising clinical faculty instructor(s) shall hold a current state license, if a state license is required to practice massage therapy in that state.

<b>NAME OF CLINICAL INSTRUCTOR</b>	<b>LICENSE NUMBER</b>

\* If there are additional clinical instructors that need to be listed, please attach list to application.

#### **PART IV: ADDITIONAL PROGRAM REQUIREMENTS**

- ( ) Yes    ( ) No                      Has each graduate of your program achieved the minimum grade required for each course?
- ( ) Yes    ( ) No                      Has a current course outline or syllabus been provided to each student for every course?
- ( ) Yes    ( ) No                      Is the program maintaining student records in accordance with all federal and state laws?
- ( ) Yes    ( ) No                      Has a licensed massage therapist supervised, reviewed and approved each student's uncompensated work to include documentation of all services and treatment plans?
- ( ) Yes    ( ) No                      Has the program provided all students literature or information that notifies them that all work experiences to attain their degree or certificate must be uncompensated, they may not hold themselves out to be a massage therapist and they must use the designated title of "student."

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#### **AFFIDAVIT**

I, THE UNDERSIGNED, SWEAR AND AFFIRM THAT I AM A CITIZEN OF THE UNITED STATES AND/OR LAWFULLY PRESENT IN THE UNITED STATES. I AFFIRM THAT ALL INFORMATION PROVIDED IN AND WITH THIS RENEWAL AND AUDIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER SWEAR AND AFFIRM THAT I HAVE READ AND UNDERSTAND THE CURRENT STATE LAWS, RULES AND REGULATIONS OF GEORGIA BOARD OF MASSAGE THERAPY AND AS THE DIRECTOR/COORDINATOR OF THE MESSAGE EDUCATION PROGRAM AT \_\_\_\_\_ (*Enter the school name*), I AGREE TO ABIDE BY THE LAWS, RULES AND REGULATIONS, AS AMENDED.

\_\_\_\_\_  
PROGRAM DIRECTOR/COORDINATOR SIGNATURE

\_\_\_\_\_  
DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

(NOTARY SEAL)

MY COMMISSION EXPIRES: \_\_\_\_\_